UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

B201 Page 2

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, |
|---|--|
| x | principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above. | _ |
| Certificate of the Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice. | |

| Perry, Renee | X /s/ Renee Perry | 3/13/2009 |
|------------------------------|------------------------------------|-----------|
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debtor (if any) | Date |

| B22A (Official Form 22A) (Chapter 7) (12/08) | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
|--|--|
| In re: Perry, Renee | ☐ The presumption arises ☑ The presumption does not arise ☐ The presumption is temporarily inapplicable. |
| Case Number: | |

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

| | Part I, MILITARY AND NON-CONSUMER DEBTORS |
|----|--|
| 1A | Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | □ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | ☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. |
| | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard |
| | a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; |
| | OR |
| | b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. |

| | | Part II. CALCULATION | OF MONTH | LY INCO | ME FOR § 707(b)(7) E | XCL | USION | | |
|---|---|---|-------------------|----------------------------|---------------------------------|-----|----------|----|--|
| | a. 🗌 | ital/filing status. Check the box that Unmarried. Complete only Colum Married, not filing jointly, with depenalty of perjury: "My spouse and are living apart other than for the property Complete only Column A ("Debotation of the property | x, deb ptcy la | tor declare | s under pouse and I | | | | |
| 2 | c. ✓ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. | | | | | | | | |
| | the s | igures must reflect average monthly ix calendar months prior to filing the th before the filing. If the amount of a divide the six-month total by six, a | De | lumn A ebtor's ncome | Column B Spouse's Income | | | | |
| 3 | Gro | ss wages, salary, tips, bonuses, ove | ertime, commi | ssions. | | \$ | 2,711.82 | \$ | |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. | | | | | | | | |
| | a. | Gross receipts | | \$ | | | | | |
| | b. | Ordinary and necessary business expenses \$ | | | | | | | |
| | c. | c. Business income Subtract Line b from Line a | | | | | | \$ | |
| _ | diffe | t and other real property income. rence in the appropriate column(s) of include any part of the operating of V. | of Line 5. Do n | ot enter a n | umber less than zero. Do | | | | |
| 5 | a. | Gross receipts | | \$ | | | | | |
| | b. | Ordinary and necessary operating | expenses | \$ | | | | | |
| | c. | Rent and other real property incom | ne | Subtract I | Line b from Line a | \$ | | \$ | |
| 6 | Inte | rest, dividends, and royalties. | | | | \$ | | \$ | |
| 7 | Pens | sion and retirement income. | | | | \$ | | \$ | |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. | | | | | | | \$ | |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | | | | | |
| | cla | employment compensation imed to be a benefit under the cial Security Act | Debtor \$ | | Spouse \$ | \$ | | \$ | |

| B22A (| Official Form 22A) (Chapter 7) (12/08) | | | | | | | | |
|--------|--|--|--|--------------|--|--|--|--|--|
| 10 | Income from all other sources. Specify source and amount. If necessary, list sources on a separate page. Do not include alimony or separate maintenary paid by your spouse if Column B is completed, but include all other payralimony or separate maintenance. Do not include any benefits received un Security Act or payments received as a victim of a war crime, crime against a victim of international or domestic terrorism. a. b. | | | | | | | | |
| | Total and enter on Line 10 | \$ | J \$ | \$ | | | | | |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter t | | \$ 2,711.82 | 2 \$ | | | | | |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been cor Line 11, Column A to Line 11, Column B, and enter the total. If Column B has completed, enter the amount from Line 11, Column A. | \$ | 2,711.82 | | | | | | |
| | Part III. APPLICATION OF § 707(B)(7) E | XCLUSION | | | | | | | |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount 12 and enter the result. | nt from Line 12 | 2 by the number | \$ 32,541.84 | | | | | |
| 14 | Applicable median family income. Enter the median family income for the household size. (This information is available by family size at www.usdoj.g the bankruptcy court.) | | | | | | | | |
| | a. Enter debtor's state of residence: New York b. Enter | debtor's hous | ehold size: 5 _ | \$ 86,866.00 | | | | | |
| 15 | Application of Section707(b)(7). Check the applicable box and proceed as directed. ✓ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presur not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. | | | | | | | | |
| | Complete Parts IV, V, VI, and VII of this statement onl | y if require | d. (See Line 1 | 5.) | | | | | |
| | Part IV. CALCULATION OF CURRENT MONTHLY I | INCOME FO | OR § 707(b)(2) | | | | | | |
| 16 | Enter the amount from Line 12. | | | \$ | | | | | |
| 17 | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 th Line 11, Column B that was NOT paid on a regular basis for the household edebtor's dependents. Specify in the lines below the basis for excluding the C payment of the spouse's tax liability or the spouse's support of persons other debtor's dependents) and the amount of income devoted to each purpose. If a adjustments on a separate page. If you did not check box at Line 2.c, enter zero. | expenses of the column B income than the debtornecessary, list approximately a sero. | debtor or the ne (such as or or the additional | | | | | | |
| | b. | \$ | | 1 | | | | | |

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|--|---|--|---------------------|-------|----------------|------------------|--------------|----|
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | | | | | | |
| | | usehold members under 65 ye | ars of age | | | ers 65 years of | age or older | |
| | a1. | Allowance per member | | a2. | Allowance p | | | |
| | b1. | Number of members | | b2. | Number of r | nembers | | |
| | c1. | Subtotal | | c2. | Subtotal | | | \$ |
| 20A | and l | al Standards: housing and utili Utilities Standards; non-mortgag mation is available at www.usdo | ge expenses for the | appli | cable county a | and household si | | \$ |
| 20B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense Subtract Line b from Line a | | | | | | | \$ |
| 21 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | | | | | | \$ |
| 22A | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk | | | | | | \$ | |
| 22B | of the bankruptcy court.) Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | | | \$ |

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|--------|--|---|---|----|--|--|--|--|--|
| 23 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. | | | | | | | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$ | | | | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ | | | | | | |
| | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ | | | | | |
| 24 | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. | | | | | | | | |
| | a. | IRS Transportation Standards, Ownership Costs, Second Car | \$ | | | | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | | | | | | |
| | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ | | | | | |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. | | | | | | | | |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. | | | | | | | | |
| 27 | for te | er Necessary Expenses: life insurance. Enter total average monthly perm life insurance for yourself. Do not include premiums for insurance le life or for any other form of insurance. | | \$ | | | | | |
| 28 | requi | er Necessary Expenses: court-ordered payments. Enter the total modered to pay pursuant to the order of a court or administrative agency, strents. Do not include payments on past due obligations included in | uch as spousal or child support | \$ | | | | | |
| 29 | child empl | er Necessary Expenses: education for employment or for a physical. Enter the total average monthly amount that you actually expend for oyment and for education that is required for a physically or mentally in no public education providing similar services is available. | education that is a condition of | \$ | | | | | |
| 30 | on ch | er Necessary Expenses: childcare. Enter the total average monthly an nildcare — such as baby-sitting, day care, nursery and preschool. Do renents. | | \$ | | | | | |
| 31 | exper reiml | er Necessary Expenses: health care. Enter the total average monthly nd on health care that is required for the health and welfare of yoursel bursed by insurance or paid by a health savings account, and that is in 19B. Do not include payments for health insurance or health savi | f or your dependents, that is not excess of the amount entered in | \$ | | | | | |
| 32 | you a servi neces | er Necessary Expenses: telecommunication services. Enter the total actually pay for telecommunication services other than your basic homoce — such as pagers, call waiting, caller id, special long distance, or instance or your health and welfare or that of your dependents. Do not in acted. | ne telephone and cell phone nternet service — to the extent | \$ | | | | | |
| 33 | Total Expenses Allowed under IRS Standards Enter the total of Lines 19 through 32 | | | | | | | | |

| | | Subpart B: Additional Living E Note: Do not include any expenses that y | | | | | | | |
|----|---|--|---|----|--|--|--|--|--|
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | | | | | | | |
| | a. Health Insurance \$ | | | | | | | | |
| 24 | b. | Disability Insurance | \$ | | | | | | |
| 34 | c. | Health Savings Account | \$ | | | | | | |
| | Total | l and enter on Line 34 | | \$ | | | | | |
| | | ou do not actually expend this total amount, state your actually expend this total amount. | nal total average monthly expenditures in | | | | | | |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and pecessary care and support of an | | | | | | | | |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | | | | | | |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | | | | |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or | | | | | | | | |
| 39 | cloth Natio | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | | | |
| 40 | | tinued charitable contributions. Enter the amount that you or financial instruments to a charitable organization as defin | | \$ | | | | | |
| 41 | Tota | l Additional Expense Deductions under § 707(b). Enter the | e total of Lines 34 through 40 | \$ | | | | | |

| | | S | ubpart C | : Deductions for De | ebt Payment | | | |
|----|--|--|--------------------------|------------------------|-------------------------------|----------------------------------|-----|-----|
| | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. | | | | | | | |
| 42 | | Name of Creditor | | Securing the Debt | Average Monthly Payment | Does pay include tax insur | | |
| | a. | | | | \$ | ☐ yes ☐ | no | |
| | b. | | | | \$ | ☐ yes ☐ | no | |
| | c. | | | | \$ | yes | no | |
| | | | | Total: Ac | ld lines a, b and c. | | | \$ |
| | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. | | | | | | | |
| 43 | | Name of Creditor | | Property Securing | the Debt | 1/60th Cure Ar | | |
| | a. | | | | | \$ | | |
| | b. | | | | | \$ | | |
| | c. | | | | | \$ | | |
| | | | | Total: Add | l lines a, b | and c. | \$ | |
| 44 | such | nents on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu | alimony | claims, for which you | u were liable at the ti | me of your | ms, | \$ |
| | follo | oter 13 administrative expenses wing chart, multiply the amount in instrative expense. | | | | | ne | |
| | a. | Projected average monthly cha | pter 13 pla | an payment. | \$ | | | |
| 45 | b. | Current multiplier for your dist schedules issued by the Execut Trustees. (This information is a www.usdoj.gov/ust/ or from the court.) | ive Office vailable a | for United States | | | | |
| | c. | Average monthly administrativ case | e expense | of chapter 13 | Total: Multiply Line and b | es a | | \$ |
| 46 | Tota | l Deductions for Debt Payment | . Enter th | e total of Lines 42 th | rough 45. | | | \$ |
| | | - | | : Total Deductions | | | | 1 ' |
| 47 | Tota | l of all deductions allowed und | er § 707(1 | b)(2). Enter the total | of Lines 33, 41, and | 46. | | \$ |

| B22A (| Official Form 22A) (Chapter 7) (12/08) | | | | | | | | | |
|--------|---|---|--------------------|------------------|--|--|--|--|--|--|
| | Part VI. DETERM | IINATION OF § 707(b)(2) PRESUMPTION | N | | | | | | | |
| 48 | Enter the amount from Line 18 (Current | monthly income for $\S 707(b)(2)$ | | \$ | | | | | | |
| 49 | Enter the amount from Line 47 (Total of | all deductions allowed under § 707(b)(2)) | | \$ | | | | | | |
| 50 | Monthly disposable income under § 707(| b)(2). Subtract Line 49 from Line 48 and enter the | result. | \$ | | | | | | |
| 51 | 60-month disposable income under § 707 enter the result. | (b)(2). Multiply the amount in Line 50 by the number | ber 60 and | \$ | | | | | | |
| | Initial presumption determination. Check the applicable box and proceed as directed. | | | | | | | | | |
| | | 5,575. Check the box for "The presumption does not ation in Part VIII. Do not complete the remainder of | | top of page 1 of | | | | | | |
| 52 | ☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. | | | | | | | | | |
| | The amount on Line 51 is at least \$6,5 though 55). | 575, but not more than \$10,950. Complete the real | mainder of Par | t VI (Lines 53 | | | | | | |
| 53 | Enter the amount of your total non-prior | ity unsecured debt | | \$ | | | | | | |
| 54 | Threshold debt payment amount. Multiple result. | nter the | \$ | | | | | | | |
| | Secondary presumption determination. | Check the applicable box and proceed as directed. | | | | | | | | |
| 55 | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. | | | | | | | | | |
| 33 | | greater than the amount on Line 54. Check the ment, and complete the verification in Part VIII. You | | | | | | | | |
| | Part VII. | ADDITIONAL EXPENSE CLAIMS | | | | | | | | |
| | and welfare of you and your family and that | nthly expenses, not otherwise stated in this form, the you contend should be an additional deduction from sary, list additional sources on a separate page. All all the expenses. | om your curren | t monthly | | | | | | |
| | Expense Description | | Monthly A | mount | | | | | | |
| 56 | a. | | \$ | | | | | | | |
| | b. | | \$ | | | | | | | |
| | c. | | \$ | | | | | | | |
| | | Total: Add Lines a, b and c | \$ | | | | | | | |
| | P | art VIII. VERIFICATION | | | | | | | | |
| | I declare under penalty of perjury that the in both debtors must sign.) | nformation provided in this statement is true and co | orrect. (If this a | joint case, | | | | | | |
| 57 | Date: March 13, 2009 Signatur | e: /s/ Renee Perry | | | | | | | | |
| | | (Debtor) | | | | | | | | |
| | Date: Signatur | e:(Joint Debtor, if any) | | | | | | | | |
| | | (John Deolof, II ally) | | | | | | | | |

| 51 (6111ctai 1 61111 1) (1,00) | | | | | | | | | | | | |
|---|--------------------------|----------------------|---|--------------|--|--|-------------|---|--|--------------------|--|--|
| United States Bankruptcy Co Western District of New Yo | | | | | | | | | | Voluntary Petition | | |
| Name of Debtor (if individual, enter Last, First, Middle): Perry, Renee | | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | | |
| All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names): | years | | | | | | | e Joint Debtor is nd trade names) | | 8 years | | |
| Last four digits of Soc. Sec. or Individual-Taxpar EIN (if more than one, state all): 6077 | yer I.D. | (ITIN) | No./Complete | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | | | | | : | | |
| Street Address of Debtor (No. & Street, City, Sta 317 Sherman Street | nte & Zi | ip Code |): | | Street Add | ress of Jo | int Deb | tor (No. & Stree | et, City, St | tate & Zip Code): | | |
| Buffalo, NY | Z | ZIPCODE 14212 | | | | | | | Γ | ZIPCODE | | |
| County of Residence or of the Principal Place of Erie | | | | | County of l | Residence | e or of the | he Principal Plac | ce of Busi | | | |
| Mailing Address of Debtor (if different from stre | et addr | ess) | | | Mailing Ad | ldress of | Joint De | ebtor (if differen | nt from str | reet address): | | |
| | | IPCOD: | | | | | | | | ZIPCODE | | |
| Location of Principal Assets of Business Debtor | (if diffe | erent fro | om street addres | s abo | ove): | | | | _ | | | |
| | | | | | | | • | | | ZIPCODE | | |
| Type of Debtor (Form of Organization) | | | Nature (Check | | | | | _ | ankruptcy Code Under Which on is Filed (Check one box.) | | | |
| (Check one box.) ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | | Health Care Business Single Asset Real Estate U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank Other | | | ined in 11 | | Rec Mai Cha Rec Non Nature of (Check on | one box.) mer Debts are primarily | | | |
| | | | Tax-Exempt (Check box, if ap Debtor is a tax-exempt of Title 26 of the United St Internal Revenue Code). | | | Entity debts, defined in 1 \$ 101(8) as "incur individual primarii | | 1 U.S.C. red by an y for a | business debts. | • | | |
| Filing Fee (Check one | e box) | | | | | | • | Chapter 11 I | Debtors | | | |
| ✓ Full Filing Fee attached ☐ Filing Fee to be paid in installments (Applicab attach signed application for the court's consic is unable to pay fee except in installments. Ru 3A. | deration | certify | ing that the deb | tor | Check one box: Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. | | | | | | | |
| Filing Fee waiver requested (Applicable to cha attach signed application for the court's consid | | | • | | Check all applicable boxes: A plan is being filed with this petition Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | s of | | |
| Statistical/Administrative Information Debtor estimates that funds will be available Debtor estimates that, after any exempt proper distribution to unsecured creditors. | | | | d, there v | will be n | o funds availabl | le for | THIS SPACE IS FO | | | | |
| | 1,000- 5,000 | | 5,001- 10,000 | 10,0 25,0 | 001- 000 | 25,001- 50,000 | | 50,001- 100,000 | Over 100,000 | | | |
| Estimated Assets | □ \$1,000, \$10 mi | | \$10,000,001 to \$50 million | | 0,000,001 to \$100,000, 00 million to \$500 m | | | \$500,000,001 to \$1 billion | More tha | | | |
| Estimated Liabilities | □ \$1,000, | ,001 to | \$10,000,001 | \$50 | 0,000,001 to \$100,00 | | 0,001 | \$500,000,001 | ☐ More tha | an | | |

| B1 (Official Form 1) (1/08) | | Page 2 | | | |
|---|--|---------------------------------------|--|--|--|
| Voluntary Petition | Name of Debtor(s): | | | | |
| (This page must be completed and filed in every case) | Perry, Renee | | | | |
| Prior Bankruptcy Case Filed Within Last 8 | Years (If more than two, attach | additional sheet) | | | |
| Location Where Filed: None | Case Number: Date Filed: | | | | |
| Location Where Filed: | Case Number: Date Filed: | | | | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or | Affiliate of this Debtor (If mo | re than one, attach additional sheet) | | | |
| Name of Debtor: None | Case Number: Date Filed: | | | | |
| District: | Relationship: | Judge: | | | |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition. | whose debts are primarily consumer debts.) | | | | |
| | X /s/ Wendy J. Christophe Signature of Attorney for Debtor(s) | rsen 3/13/09 | | | |
| or safety? Yes, and Exhibit C is attached and made a part of this petition. No Exhi (To be completed by every individual debtor. If a joint petition is filed, eximple the second of this petition is filed, eximple the second of this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached. | ach spouse must complete and atta de a part of this petition. | ch a separate Exhibit D.) | | | |
| Information Regardin | ng the Debtor - Venue | | | | |
| | oplicable box.) of business, or principal assets in th | is District for 180 days immediately | | | |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | | | |
| Certification by a Debtor Who Reside (Check all app Landlord has a judgment against the debtor for possession of deb | licable boxes.) | | | | |
| (Name of landlord or lessor that obtained judgment) | | | | | |
| (Address of lan | dlord or lessor) | | | | |
| Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos | | | | | |
| ☐ Debtor has included in this petition the deposit with the court of filing of the petition. | Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. | | | | |
| ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)). | | | | | |

Date

| B1 (Official Form 1) (1/08) | Page 3 |
|---|---|
| Voluntary Petition | Name of Debtor(s): |
| (This page must be completed and filed in every case) | Perry, Renee |
| Signa | ntures |
| Signature(s) of Debtor(s) (Individual/Joint) | Signature of a Foreign Representative |
| I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X |
| X /s/ Renee Perry | Signature of Foreign Representative |
| Signature of Debtor Renee Perry | |
| Signature of Joint Debtor | Printed Name of Foreign Representative |
| | Date |
| Telephone Number (If not represented by attorney) | |
| March 13, 2009 Date | |
| Signature of Attorney* | Signature of Non-Attorney Petition Preparer |
| X /s/ Wendy J. Christophersen Signature of Attorney for Debtor(s) Wendy J. Christophersen Wendy J Christophersen 650 Statler Towers Buffalo, NY 14202-2907 (716) 602-8475 Fax: (716) 855-4610 wendyjclaw@gmail.com | preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. |
| | Printed Name and title, if any, of Bankruptcy Petition Preparer |
| March 13, 2009 | Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. | Address |
| Signature of Debtor (Corporation/Partnership) | X |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. | Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. Date |
| The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. | Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: |
| Signature of Authorized Individual | |
| Printed Name of Authorized Individual | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. |
| Title of Authorized Individual | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result |

in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

United States Bankruptcy Court Western District of New York

| Western Dist | rict of New York |
|--|---|
| IN RE: | Case No. |
| Perry, Renee | Chapter 7 |
| | OR'S STATEMENT OF COMPLIANCE |
| Warning: You must be able to check truthfully one of the five do so, you are not eligible to file a bankruptcy case, and the co whatever filing fee you paid, and your creditors will be able t | SELING REQUIREMENT statements regarding credit counseling listed below. If you cannot ourt can dismiss any case you do file. If that happens, you will lose o resume collection activities against you. If your case is dismissed red to pay a second filing fee and you may have to take extra steps |
| Every individual debtor must file this Exhibit D. If a joint petition is one of the five statements below and attach any documents as directly and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements below and attach any documents as directly as the five statements as directly as di | is filed, each spouse must complete and file a separate Exhibit D. Check rected. |
| the United States trustee or bankruptcy administrator that outline | ase , I received a briefing from a credit counseling agency approved by ed the opportunities for available credit counseling and assisted me in the agency describing the services provided to me. Attach a copy of the ough the agency. |
| the United States trustee or bankruptcy administrator that outline performing a related budget analysis, but I do not have a certificate | ase, I received a briefing from a credit counseling agency approved by ed the opportunities for available credit counseling and assisted me in the from the agency describing the services provided to me. You must file twided to you and a copy of any debt repayment plan developed through led. |
| | approved agency but was unable to obtain the services during the five ent circumstances merit a temporary waiver of the credit counseling xigent circumstances here.] |
| you file your bankruptcy petition and promptly file a certificate of any debt management plan developed through the agency. I case. Any extension of the 30-day deadline can be granted only | obtain the credit counseling briefing within the first 30 days after e from the agency that provided the counseling, together with a copy Failure to fulfill these requirements may result in dismissal of your y for cause and is limited to a maximum of 15 days. Your case may ns for filing your bankruptcy case without first receiving a credit |
| 4. I am not required to receive a credit counseling briefing becamotion for determination by the court.] | ause of: [Check the applicable statement.] [Must be accompanied by a |
| of realizing and making rational decisions with respect to | I by reason of mental illness or mental deficiency so as to be incapable financial responsibilities.); Illy impaired to the extent of being unable, after reasonable effort, to |
| participate in a credit counseling briefing in person, by teles. Active military duty in a military combat zone. | |
| 5. The United States trustee or bankruptcy administrator has do does not apply in this district. | etermined that the credit counseling requirement of 11 U.S.C. § 109(h) |
| I certify under penalty of perjury that the information provided about | pove is true and correct. |
| Signature of Debtor: /s/ Renee Perry | |
| Date: March 13, 2009 | |

United States Bankruptcy Court Western District of New York

| IN RE: | | Case No. |
|--------------|-----------|-----------|
| Perry, Renee | | Chapter 7 |
| | Debtor(s) | • |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|--------------|--------------|-------------|
| A - Real Property | Yes | 1 | \$ 0.00 | | |
| B - Personal Property | Yes | 3 | \$ 10,265.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 9 | | \$ 65,393.65 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 3,126.32 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | \$ 3,199.00 |
| | TOTAL | 21 | \$ 10,265.00 | \$ 65,393.65 | |

United States Bankruptcy Court Western District of New York

| IN RE: | Case No |
|---|--|
| Perry, Renee | Chapter 7 |
| Debtor(s) STATISTICAL SUMMARY OF CERTAIN LIABILIT | ΓΙΕS AND RELATED DATA (28 U.S.C. § 159) |
| If you are an individual debtor whose debts are primarily consumer debt 101(8)), filing a case under chapter 7, 11 or 13, you must report all infor | - · · · · · · · · · · · · · · · · · · · |
| Check this box if you are an individual debtor whose debts are NOT information here. | Γ primarily consumer debts. You are not required to report any |
| This information is for statistical purposes only under 28 U.S.C. § 19 | 59. |
| Summarize the following types of liabilities, as reported in the Scheo | dules, and total them. |
| | |

| Type of Liability | Amount |
|---|------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| Average Income (from Schedule I, Line 16) | \$ 3,126.32 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18) | \$ 3,199.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C | |
| Line 20) | \$ 2,711.82 |

State the following:

| | | |
|--|---------|-----------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 65,393.65 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 65,393.65 |

| B6A | (Official | Form 6A | (12/07) |
|-----|-----------|---------|---------|
| | | | |

| IN RE Perry, Renee | | Case No | |
|--------------------|-----------|---------|------------|
| | Debtor(s) | | (If known) |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ТОТ | L L | 0.00 | |

(Report also on Summary of Schedules)

Case No.

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|------------------|---|------------------|---|---------------------------------------|--|
| 1. | Cash on hand. | Х | | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | M&T Bank Checking Account | | 4.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, include audio, video, and computer | | (1) computer, (1) boom box, (2) TVs | | 160.00 |
| | equipment. | | (1) loveseat, (1) couch, (2) end tables; (1) dining room table & (2) chairs, (4) beds, (4) dressers, computer desk, (1) TV, (1) DVD player, kitchen table & chairs, refridgerator & stove, microwave, pots & pans, crockery, washer & dryer | | 600.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | | Ordinary Wearing Apparel | | 200.00 |
| 7. | Furs and jewelry. | | Costume Jewelry | | 25.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. | Annuities. Itemize and name each issue. | X | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | DePaul Pension Plan | | 6,116.00 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| | | | N. Dee 1 Filed 00/10/00 Festered 00/10/00 15 | | |

| ~ | TAT - | |
|----------|-------|--|
| Case | INO. | |

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 14. | Interests in partnerships or joint ventures. Itemize. | Х | | | |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | | 1998 Chevrolet Malibu with 167,000 miles (purchased by debtor's daughter but titled and registered to debtor for insurance purposes) | | 750.00 |
| | | | 2001 Hyundai Accent (value based on recent purchase price) | | 2,400.00 |
| 26. | Boats, motors, and accessories. | Х | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| | | | | | |

IN RE Perry, Renee

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Case No. _

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

Debtor(s)

(If known)

| (Continuation Sheet) | | | | | | |
|---|------------------|--------------------------------------|---------------------------------------|--|--|--|
| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | | |
| 31. Animals. 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize. | X X X | Lawnmower | | 10.00 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | TO | ГАТ | 10,265.00 | | |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

| IN RE | Perry, | Renee |
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| Case I |
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No. ___ Debtor(s) (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects the exemptions to | which debtor is entitled under: |
|---------------------------------|---------------------------------|
| (Check one box) | |

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| Y 11 0.3.e. § 322(0)(3) | | | , |
|---|--|-------------------------------|--|
| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
| SCHEDULE B - PERSONAL PROPERTY | | | |
| M&T Bank Checking Account | Debtor & Creditor Law § 283 | 4.00 | 4.00 |
| (1) loveseat, (1) couch, (2) end tables; (1) dining room table & (2) chairs, (4) beds, (4) dressers, computer desk, (1) TV, (1) DVD player, kitchen table & chairs, refridgerator & stove, microwave, pots & pans, crockery, washer & dryer | CPLR § 5205(a)(5) | 600.00 | 600.00 |
| Ordinary Wearing Apparel | CPLR § 5205(a)(5) | 200.00 | 200.00 |
| DePaul Pension Plan | Debtor & Creditor Law § 282, CPLR § 5205(c)(2) | 6,116.00 | 6,116.00 |
| 2001 Hyundai Accent (value based on recent purchase price) | Debtor & Creditor Law § 282(1) | 2,400.00 | 2,400.00 |
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Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|--|
| ACCOUNT NO. | | | | | | | | |
| | | 1 | | | | | | |
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| | | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
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| 0 continuation sheets attached | | | (Total of th | | | | \$ | \$ |
| | | | (Use only on la | st p | Fota page | al e) | \$ | \$ |
| | | | | | | | (Report also on Summary of Schedules.) | (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.) |

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| R6E | (Official | Form | 6E) | (12/07) |
|-----|-----------|------|-------------|---------|
| | | | | |

Debtor(s)

| Case No. | |
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| | (If known) |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Statistical Summary of Certain Liabilities and Related Data. | |
|--|-----|
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to prior listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also the Statistical Summary of Certain Liabilities and Related Data. | |
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. | |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) | |
| Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in U.S.C. § 507(a)(1). | |
| Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of tappointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). | he |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifyi independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or t cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). | |
| Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or to cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). | he |
| Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). | |
| Deposits by individuals Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, the were not delivered or provided. 11 U.S.C. § 507(a)(7). | ıat |
| Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). | |
| Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governor of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9) | |
| Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohola drug, or another substance. 11 U.S.C. § 507(a)(10). | ol, |
| * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment. | |
| O continuation sheets attached | |

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | VISICIEN | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|---|---------------|--------------|----------|-----------------------|
| ACCOUNT NO. 90218063 | Х | | Installment account opened 11/06 | | | | |
| American Honda Finance 600 Kelly Way Holyoke, MA 01040 | | | | | | | 12,198.00 |
| ACCOUNT NO. 4610-0784-6438-6804 | | | 2008 - Credit Card | | | | |
| Arrow Financial Services 5996 W. Touhy Avenue Niles, IL 60714 | | | | | | | 833.70 |
| ACCOUNT NO. | | | Assignee or other notification for: | T | T | \top | |
| Premier Bankcard Inc. | | | Arrow Financial Services | | | | |
| ACCOUNT NO. | | | 2002 - Medical Bill | T | | T | |
| Buffalo Medical Group P. O. Box 8000, Dept. 581 Buffalo, NY 14267 | | | | | | | 115.86 |
| • | _ | • | | | otal | | 12 147 56 |
| 8 continuation sheets attached | | | (Total of this | | age) otal | \$ | 13,147.56 |
| | | | (Use only on last page of the completed Schedule F. Report a the Summary of Schedules and, if applicable, on the Sta Summary of Certain Liabilities and Related | also atist | on ical | \$ | |

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(If known)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|--|----------------------|----------------------|-----------|-----------------------|
| ACCOUNT NO. | T | | | П | | П | |
| Buffalo Municipal Housing Authority 300 Perry Street Buffalo, NY 14204 | - | | | | | | 601.46 |
| ACCOUNT NO. 426684111485 | | | Revolving account opened 9/06 | Ħ | | П | |
| Chase 800 Brooksedge Blvd Westerville, OH 43081 | | | | | | | 703.00 |
| ACCOUNT NO. | T | | Assignee or other notification for: | П | \exists | H | |
| Chase ATTENTION: BANKTRUPTCY DEPARTMENT Po Box 15298 Wilmintgon, DE 19850 | - | | Chase | | | | |
| ACCOUNT NO. 217458975 | | | 2006 - Medical Bill | П | \exists | П | |
| Kenmore Mercy Hospital 2950 Elmwood AVenue Kenmore, NY 14217 | - | | | | | | |
| ACCOUNT NO. 287550339 | | | Open account opened 11/07 | Н | \dashv | H | 75.00 |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | - | | | | | | 210.00 |
| ACCOUNT NO. | _ | | Assignee or other notification for: | Н | \dashv | \forall | 210.00 |
| Lifetime Health Buffalo Ng ATTENTION: BANKTRUPTCY DEPARTMENT | • | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550342 | | | Open account opened 11/07 | Н | \dashv | \dashv | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 165.00 |
| Sheet no. 1 of 8 continuation sheets attached to | | | | Sub | | - 1 | |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | T t also tatis | Tota o oi tica | al n | \$ 1,754.46 \$ |

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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. | | | Assignee or other notification for: | \forall | | | |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550341 | | | Open account opened 11/07 | H | | | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 158.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | \forall | | | 136.00 |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550343 | | | Open account opened 11/07 | H | | | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 153.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | H | | | 133.00 |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550347 | | | Open account opened 11/07 | H | | | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 128.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | \forall | | | 120.00 |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| Sheet no. 2 of 8 continuation sheets attached to | _ | | | Sub | | - 1 | 420.00 |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | T t als tatis | Γota o o tica | ıl n ıl | \$ 439.00 \$ |

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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---------------------------------------|---|-----------------|--------------|----------|-----------------------|
| ACCOUNT NO. 287550344 | | | Open account opened 11/07 | Ħ | | \top | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 127.00 |
| A CCOLINE NO | | | Assignee or other notification for: | \vdash | | + | 127.00 |
| ACCOUNT NO. | | | Law Office Thomas W Re | | | | |
| Lifetime Health Buffalo Ng | | | | | | | |
| ACCOUNT NO. 287550345 | | | Open account opened 11/07 | \forall | | \top | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 117.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | \forall | _ | \top | |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287105321 | | | Open account opened 5/05 | H | | + | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 102.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | \vdash | | + | 102.00 |
| Lifetime Health Buffalo | - | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550340 | | | Open account opened 11/07 | Н | | \dashv | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | - | | | | | | |
| Sheet no. 3 of 8 continuation sheets attached to | | | | Cul | tot- | + | 100.00 |
| Sheet no. 3 of 8 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of th | Subtais p | | - 1 | \$ 446.00 |
| | | | (Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate | t also tatis | tica | n d | \$ |

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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. | | | Assignee or other notification for: | Ħ | | | |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550338 | | | Open account opened 11/07 | H | | | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 87.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | \forall | | | 07.00 |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550346 | | | Open account opened 11/07 | H | | | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 84.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | H | | | 04.00 |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| ACCOUNT NO. 287550356 | | | Open account opened 11/07 | H | | | |
| Law Office Thomas W Re 319 W Water St Elmira, NY 14901 | | | | | | | 20.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | \forall | | | 20.00 |
| Lifetime Health Buffalo Ng | | | Law Office Thomas W Re | | | | |
| Sheet no. 4 of 8 continuation sheets attached to | | | | Sub | | - 1 | \$ 191.00 |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | T t als tatis | Γota o o tica | ıl n ıl | \$ 191.00 |

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| | | (| Continuation Sheet) | | | | |
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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 002540149 | | | 2006 - Credit Card | Н | | H | |
| Leading Edge Recovery Solutions P. O. Box 505 Linden, MI 48451 | | | | | | | 277.60 |
| ACCOUNT NO. | | | Assignee or other notification for: | Н | | \dashv | 277.00 |
| | | | Leading Edge Recovery Solutions | | | | |
| Fingerhut Credit Advantage | | | | | | | |
| ACCOUNT NO. 97325-02232 | | | 2008 - Utility Bill | | | | |
| National Grid P. O. Box 4798 Syracuse, NY 13221 | | | | | | | 239.35 |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | 200.00 |
| Van Ru Credit Corporation 4415 S. Wendler Drive, Bldg. B, Ste 200 Tempe, AZ 85282 | | | National Grid | | | | |
| ACCOUNT NO. 7743603 | | | Open account opened 11/08 | | | | |
| National Recovery Agen 2491 Paxton St Harrisburg, PA 17111 | | | | | | | 79.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | H | | \exists | 79.00 |
| National Recovery Agen Po Box 67015 Harrisburg, PA 17106 | | | National Recovery Agen | | | | |
| ACCOUNT NO. 8328652 | | | Open account opened 9/04 | | | | |
| Nco Fin/09 507 Prudential Rd Horsham, PA 19044 | | | | | | | |
| | | | | | | | 554.00 |
| Sheet no. 5 of 8 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of th | Sub is p | | - 1 | \$ 1,149.95 |
| | | | (Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate | t als | tica | n al | \$ |

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| Casc | 110. |

(If known)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|---|--------------|--------------------|-----------|-----------------------|
| ACCOUNT NO. | | | Assignee or other notification for: | | | | |
| At T Cco | | | Nco Fin/09 | | | | |
| ACCOUNT NO. | | | 2008 Dental Bill | | | \exists | |
| Robert W. Crabtree, III, DDS 295 Berkshire Avenue Buffalo, NY 14215 | | | | | | | 292.50 |
| ACCOUNT NO. 2487328/530 | | | 2008 Medical Bill | | | | 232.30 |
| Security Credit Systems, Inc. P. O. Box 846 Buffalo, NY 14240 | | | | | | | 70.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | 1 0.00 |
| Joseph Nasca, MD | | | Security Credit Systems, Inc. | | | | |
| ACCOUNT NO. 382463687 | | | 2008 | | | | |
| Sprint P. O. Box 4181 Carol Stream, IL 60197 | | | | | | | |
| ACCOUNT NO. 92546077per24a | | | Installment account opened 9/06 | | | | 417.16 |
| Student Loan Service C 1 University PI Rensselaer, NY 12144 | | | installment adddant opened 3/00 | | | | 1,500.00 |
| ACCOUNT NO. 146735708001 | | | 2008 - Cable TV | | | 1 | 1,300.00 |
| Time Warner Cable 972 Maple Road Amherst, NY 14221 | | | | | | | 282.02 |
| Sheet no. 6 of 8 continuation sheets attached to | | | | Sub | | | |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Standard of Certain Liabilities and Relate | alse atis | ota o o tica | վ n | \$ 2,561.68 |

| Case | No |
|------|------|
| Casc | 110. |

(If known)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|---|---------------|--------------|----------|-----------------------|
| ACCOUNT NO. 40000172693920001 | Х | | Installment account opened 3/06 | $^{+}$ | | | |
| Triad Financial 5201 Rufe Snow Dr Ste 40 North Richland Hills, TX 76180 | | | | | | | 14,990.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | T | | | |
| Triad Financial 5201 Rufe Snow Dr Ste 400 North Richland Hills, TX 76180 | | | Triad Financial | | | | |
| ACCOUNT NO. 925460772 | | | Installment account opened 8/05 | 1 | | | |
| Us Dept Of Education 501 Bleecker St Utica, NY 13501 | | | · | | | | 29,512.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | + | 23,312.00 |
| Us Dept Of Education ATTN: BORROWERS SERVICE DEPT Po Box 5609 Greenville, TX 75403 | | | Us Dept Of Education | | | | |
| ACCOUNT NO. 925460771 | | | Installment account opened 6/00 | + | | \top | |
| Us Dept Of Education 501 Bleecker St Utica, NY 13501 | | | | | | | 1.112.00 |
| ACCOUNT NO. | | | Assignee or other notification for: | + | | | 1,112.00 |
| Us Dept Of Education ATTN: BORROWERS SERVICE DEPT Po Box 5609 Greenville, TX 75403 | | | Us Dept Of Education | | | | |
| ACCOUNT NO. 833240947 | | | Open account opened 10/04 | 1 | | \top | |
| Verizon New York Inc 500 Technology Dr Weldon Spring, MO 63304 | | | | | | | 00.00 |
| Sheet no. 7 of 8 continuation sheets attached to | L | | | ubt | ote | + | 90.00 |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of this | | | | 45,704.00 |
| | | | (Use only on last page of the completed Schedule F. Report of the Summary of Schedules, and if applicable, on the Standard Summary of Certain Liabilities and Related | also itist | ica | n l | |

No. _

Debtor(s)

(If known)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|--|------------|--------------|-----------|-----------------------|
| . agaznym vo | Н | | Assignee or other notification for: | Н | | \vdash | |
| ACCOUNT NO. Solomon And Solomon, P.C. Columbia Circle, Box 15019 Albany, NY 12212 | | | Verizon New York Inc | | | | |
| ACCOUNT NO. | П | | | П | | П | |
| | | | | | | | |
| ACCOUNT NO. | | | | П | | | |
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| ACCOUNT NO. | Н | | | Н | | H | |
| | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | П | | | H | | \forall | |
| | | | | | | | |
| ACCOUNT NO. | П | | | П | | П | |
| | | | | | | | |
| Sheet no. 8 of 8 continuation sheets attached to | _ | | | Sub | tota | al | |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of th | is p | age |) | \$ |
| | | | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Relater | als | tica | n al | \$ 65,393.65 |

| R6G | (Official | Form | 6G) | (12/07) |
|-----|-----------|------|-----|---------|
| | | | | |

| IN RE Perry, Renee | Case No | | |
|--------------------|-----------|--|------------|
| | Debtor(s) | | (If known) |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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| R6H | (Official | Form | 6H) | (12/07) |
|-----|-----------|------|-------------|---------|
| | | | | |

| N RE Perry, Renee | | | |
|-------------------|-----------|--|------------|
| | Debtor(s) | | (If known) |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). | |
|--|------------------------------|
| Check this box if debtor has no codebtors. | |
| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |

Cornell Schultz American Honda Finance 771 Broadway 600 Kelly Way Buffalo, NY 14224 Holyoke, MA 01040 Triad Financial 5201 Rufe Snow Dr Ste 40 North Richland Hills, TX 76180 IN RE Perry, Renee

Debtor(s)

Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Married | RELATIONSHIP(S): Daughter Daughter Son | | | AGE(S): 20 18 | |
|---|--|-----------------|---------------------------|---------------------|----------------------|
| | DERTOR | | | 13 | |
| EMPLOYMENT: | DEBTOR | | SPOUSE | | |
| Occupation Name of Employer How long employed Address of Employer Address of Employer Buffalo, N | | | | | |
| _ | e or projected monthly income at time case filed) salary, and commissions (prorate if not paid mont | hlv) \$ | DEBTOR 2,451.70 | | SPOUSE |
| 2. Estimated monthly overtime | , sarary, and commissions (proface if not paid mone | y) | 66.42 | | |
| 3. SUBTOTAL | | \$ | 2,518.12 | \$ | 0.00 |
| 4. LESS PAYROLL DEDUCTI a. Payroll taxes and Social Sec b. Insurance | | \$ | | | |
| c. Union dues | | φ \$ | | \$ ——— | |
| d. Other (specify) Liberty M | utual | | 119.54 | \$ | |
| | | <u>\$</u> | | \$ | |
| 5. SUBTOTAL OF PAYROLI | L DEDUCTIONS | \$ | 541.80 | \$ | 0.00 |
| 6. TOTAL NET MONTHLY | TAKE HOME PAY | \$ | 1,976.32 | \$ | 0.00 |
| 7. Regular income from operation 8. Income from real property | on of business or profession or farm (attach detailed | l statement) \$ | i | \$ | |
| 9. Interest and dividends | | \$ | | \$ | |
| that of dependents listed above | pport payments payable to the debtor for the debtor | | · · | \$ | |
| 11. Social Security or other gove (Specify) SSD | ernment assistance | ¢ | 1 | \$ | 1,150.00 |
| (speeny) <u>302</u> | | \$ | | \$ | |
| 12. Pension or retirement incom13. Other monthly income | | \$ | | \$ | |
| (Specify) | | \$ | | \$ | |
| | | \$ \$ | | \$ | |
| 14 CUDTOTAL OF LINES 7 | THEOLICH 12 | | | \$ | 4.450.00 |
| 14. SUBTOTAL OF LINES 7 | NCOME (Add amounts shown on lines 6 and 14) | Į. | 1,976.32 | | 1,150.00 1,150.00 |
| 15. AVERAGE MONTHLY II | NCOME (Add amounts snown on lines 6 and 14) | 3 | 1,976.32 | <u> </u> | 1,150.00 |
| 16. COMBINED AVERAGE If there is only one debtor repeat | MONTHLY INCOME: (Combine column totals for total reported on line 15) | | \$ | 3,126.3 | _ |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None**

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| IN RE | Perry, | Renee |
|-------|--------|-------|
|-------|--------|-------|

| | Case No | |
|-----------|---------|------------|
| Debtor(s) | | (If known) |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|--|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed |
| on Form22A or 22C. |

| ☐ Check this box if a joint | petition is filed and | debtor's spouse | maintains a | separate l | household. | Complete a | separate | schedule c | ρf |
|------------------------------|-----------------------|-----------------|-------------|------------|------------|------------|----------|------------|----|
| expenditures labeled "Spouse | ·" | | | | | | | | |

| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 500.00 |
|---|------------------|--------|
| a. Are real estate taxes included? Yes No ✓ | | |
| b. Is property insurance included? Yes No | | |
| 2. Utilities: | | |
| a. Electricity and heating fuel | \$ | 400.00 |
| b. Water and sewer | \$ | 50.00 |
| c. Telephone | \$ | |
| d. Other Cable, Internet & Phone | \$ | 187.00 |
| Cell Phone | \$ | 100.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 100.00 |
| 4. Food | \$ | 650.00 |
| 5. Clothing | \$ | 200.00 |
| 6. Laundry and dry cleaning | \$ | 100.00 |
| 7. Medical and dental expenses | \$ | 75.00 |
| 8. Transportation (not including car payments) | \$ | 250.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 125.00 |
| 10. Charitable contributions | \$ | |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | |
| b. Life | \$ | |
| c. Health | \$ | 18.00 |
| d. Auto | \$ | |
| e. Other | \$ | |
| | | |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) | \$ | |
| | s | |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | <u> </u> | |
| a. Auto | \$ | |
| b. Other | \$ | |
| | _{\$} | |
| 14. Alimony, maintenance, and support paid to others | \$ | |
| 15. Payments for support of additional dependents not living at your home | \$ —— | |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ — | |
| 17. Other See Schedule Attached | \$ —— | 444.00 |
| 17. Other Concustoring | — \$ — | |
| | \$ | |
| | — ^Ψ — | |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if | | |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

20. STATEMENT OF MONTHLY NET INCOME

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

| W. DIMIEMENT OF MONTHEF MET INCOME | |
|--|-------------|
| a. Average monthly income from Line 15 of Schedule I | \$ 3,126.32 |
| b. Average monthly expenses from Line 18 above | \$ 3,199.00 |
| c. Monthly net income (a. minus b.) | \$ -72.68 |

3,199.00

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

Husband's Personal Care Items

Tobacco

200.00

79.00 100.00 65.00

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| Casa | NT. |
|------|------|
| Case | INO. |

Debtor(s)

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 23 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: March 13, 2009 ______ Signature: /s/ Renee Perry Debtor Renee Perry Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of ______ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Western District of New York

| IN RE: | | Case No |
|--------------|-----------|-----------|
| Perry, Renee | | Chapter 7 |
| | Debtor(s) | 1 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

5,783.00 2009 Year to Date Income

29,331.00 2008 Wages

26,877.00 2007 Wages

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | | | | |
|--|---|--|--|--|--|
| | | | | | |
| 4. Su | Suits and administrative proceedings, executions, garnishments and attachments | | | | |
| None | a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | | | | |
| | | | | | |
| 5. Re | possessions, foreclosures and returns | | | | |
| None | List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | | | | |
| Hone P. O | IE AND ADDRESS OF CREDITOR OR SELLER da Financial Services . Box 166469 g, TX 75016 | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN October 2008 | DESCRIPTION AND VALUE OF PROPERTY 2002 Acura MDX | | |
| Volu | oluntary Surrender | | | | |
| Triad | | January 2009 | 2004 Chevrolet Trailblazer | | |
| | Voluntary Surrender | | | | |
| None | a Beserve any assignment of property for the benefit of ereditors made within 120 anys immediately preceding the commencement of this case | | | | |
| DATE OF REPOSSESSION, FORECLOSURE SALE, Honda Financial Services P. O. Box 166469 Irving, TX 75016 Voluntary Surrender Triad Voluntary Surrender 6. Assignments and receiverships None (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is not filed.) None None None DATE OF REPOSSESSION, FORECLOSURE SALE, OF PROPERTY October 2008 2002 Acura MDX 2002 Acura MDX 2004 Chevrolet Trailblazer October 2008 2005 Acura MDX Describe any assignment of trailblazer October 2008 2004 Chevrolet Trailblazer October 2008 2005 Acura MDX Describe any assignment of trailblazer October 2008 2004 Chevrolet Trailblazer October 2008 2005 Acura MDX Describe any assignment of trailblazer October 2008 2006 Acura MDX Describe any assignment of trailblazer October 2008 2004 Chevrolet Trailblazer October 2008 2005 Acura MDX Describe any assignment of trailblazer October 2008 2004 Chevrolet Trailblazer October 2008 2004 Chevrolet Trailblazer October 2008 2004 Chevrolet Trailblazer October 2008 2005 Acura MDX Describe any assignment of trailblazer October 2008 2006 Acura MDX Describe any assignment of trailblazer October 2008 2006 Acura MDX Describe any assignment of trailblazer October 2008 2006 Acura MDX Describe any assignment of trailblazer October 2008 2007 Acura MDX Describe any assignment of trailblazer October 2008 2007 Acura MDX Describe any assignment of trailblazer October 2008 2009 Acura MDX Describe any assignment of trailblazer October 2008 2009 Acura MDX Describe any assignment of trailblazer October 2008 2009 Acura MDX Describe any assignment of trailblazer October 2008 2009 Acura MDX Describe any assignment of trailblazer October 2008 2009 Acura MDX Descr | | | | | |
| 7. Gi | fts | | | | |
| None | gifts to family members aggregating less than \$200 in | n value per individual family memb 12 or chapter 13 must include gifts | the commencement of this case except ordinary and usual ber and charitable contributions aggregating less than \$100 or contributions by either or both spouses whether or no i.) | | |
| 8. Lo | sses | | | | |
| None | | g under chapter 12 or chapter 13 mu | by preceding the commencement of this case or since the ust include losses by either or both spouses whether or no d.) | | |
| 9. Pa | yments related to debt counseling or bankruptcy | | | | |
| None | = • • | | | | |

NAME AND ADDRESS OF PAYEE Wendy J. Christophersen, Attorney At Law 650 Statler Towers Buffalo, NY 14202

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 3/12/2009

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 1,101.00

2/2009

Money Management International, Inc.

50.00

Pre-filing credit counseling

Attorney Fees

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

 \checkmark

15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY 295 Berkshire, Buffalo, New York 8/2007 to 8/2008 97 Briggs, Buffalo, New York 1/2007 to 8/2007

16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 \checkmark

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

 \checkmark

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

 \checkmark

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 \checkmark

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: March 13, 2009 | Signature /s/ Renee Perry | |
|----------------------|-------------------------------|-------------|
| | of Debtor | Renee Perry |
| Date: | Signature | |
| | of Joint Debtor | |
| | (if any) | |
| | O continuation pages attached | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

United States Bankruptcy Court Western District of New York

| IN RE: | | (| Case No | |
|--|-------------------------------------|-------------------------------|--|--|
| Perry, Renee | | Chapter 7 | | |
| Debte | • | | | |
| CHAPTER 7 INDI | IVIDUAL DEBTOR' | S STATEMENT OI | FINTENTION | |
| PART A – Debts secured by property of the estate. Attach additional pages if necessary.) | state. (Part A must be fu | lly completed for EACH | H debt which is secured by property of the | |
| Property No. 1 | | | | |
| Creditor's Name: | D | escribe Property Secu | uring Debt: | |
| Property will be (check one): Surrendered Retained | | | | |
| If retaining the property, I intend to (check as Redeem the property Reaffirm the debt Other. Explain | | (for examp | ole, avoid lien using 11 U.S.C. § 522(f)). | |
| Property is (check one): Claimed as exempt Not claimed as | exempt | | | |
| Property No. 2 (if necessary) | | | | |
| Creditor's Name: | Г | escribe Property Secu | ıring Debt: | |
| Property will be (check one): Surrendered Retained If retaining the property, I intend to (check and Redeem the property) Reaffirm the debt | | | | |
| ☐ Other. Explain Property is (check one): ☐ Claimed as exempt ☐ Not claimed as | | (for examp | ble, avoid lien using 11 U.S.C. § 522(f)). | |
| PART B – Personal property subject to unexpiradditional pages if necessary.) | red leases. (All three colu | mns of Part B must be c | ompleted for each unexpired lease. Attach | |
| Property No. 1 | | | | |
| Lessor's Name: | Describe Leased Pro | operty: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ Yes ☐ No | |
| Property No. 2 (if necessary) | | | | |
| Lessor's Name: | Describe Leased Pro | perty: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ Yes ☐ No | |
| continuation sheets attached (if any) | , | | | |
| I declare under penalty of perjury that the personal property subject to an unexpired l | | ention as to any prope | erty of my estate securing a debt and/or | |
| Date: March 13, 2009 | /s/ Renee Perry Signature of Debtor | | | |

Signature of Joint Debtor

United States Bankruptcy Court Western District of New York

| IN RE: | | Case No |
|--------------------------------|---|---|
| Perry, Renee | | Chapter 7 |
| | Debtor(s) | |
| | VERIFICATION OF CREDITO | OR MATRIX |
| The above named debtor(s) here | by verify(ies) that the attached matrix listi | ing creditors is true to the best of my(our) knowledge. |
| | | |
| | | |
| Date: March 13, 2009 | Signature: /s/ Renee Perry | |
| | Renee Perry | Debtor |
| | | |
| Date: | Signature: | |
| | | Joint Debtor if any |

American Honda Finance 600 Kelly Way Holyoke, MA 01040

Arrow Financial Services 5996 W. Touhy Avenue Niles, IL 60714

Buffalo Medical Group P. O. Box 8000, Dept. 581 Buffalo, NY 14267

Buffalo Municipal Housing Authority 300 Perry Street Buffalo, NY 14204

Chase 800 Brooksedge Blvd Westerville, OH 43081

Chase ATTENTION: BANKTRUPTCY DEPARTMENT PO Box 15298

Wilmintgon, DE 19850

Cornell Schultz 771 Broadway Buffalo, NY 14224

Kenmore Mercy Hospital 2950 Elmwood AVenue Kenmore, NY 14217

Law Office Thomas W Re 319 W Water St Elmira, NY 14901 Leading Edge Recovery Solutions P. O. Box 505 Linden, MI 48451

National Grid P. O. Box 4798 Syracuse, NY 13221

National Recovery Agen 2491 Paxton St Harrisburg, PA 17111

National Recovery Agen Po Box 67015 Harrisburg, PA 17106

Nco Fin/09 507 Prudential Rd Horsham, PA 19044

Robert W. Crabtree, III, DDS 295 Berkshire Avenue Buffalo, NY 14215

Security Credit Systems, Inc. P. O. Box 846 Buffalo, NY 14240

Solomon And Solomon, P.C. Columbia Circle, Box 15019 Albany, NY 12212

Sprint
P. O. Box 4181
Carol Stream, IL 60197

Student Loan Service C 1 University Pl Rensselaer, NY 12144

Time Warner Cable 972 Maple Road Amherst, NY 14221

Triad Financial 5201 Rufe Snow Dr Ste 40 North Richland Hills, TX 76180

Triad Financial 5201 Rufe Snow Dr Ste 400 North Richland Hills, TX 76180

Us Dept Of Education 501 Bleecker St Utica, NY 13501

Us Dept Of Education ATTN: BORROWERS SERVICE DEPT Po Box 5609 Greenville, TX 75403

Van Ru Credit Corporation 4415 S. Wendler Drive, Bldg. B, Ste 200 Tempe, AZ 85282

Verizon New York Inc 500 Technology Dr Weldon Spring, MO 63304

United States Bankruptcy Court Western District of New York

| IN | RE: | Case No | | |
|----|--|--|-------------------|-------------------|
| Pe | rry, Renee | Chapter 7 | | |
| | Debt | tor(s) | | |
| | DISCLOSURE O | F COMPENSATION OF ATTORNEY FOR DEBTO | R | |
| 1. | | e 2016(b), I certify that I am the attorney for the above-named debtor(s) and that cy, or agreed to be paid to me, for services rendered or to be rendered on behalf llows: | | |
| | For legal services, I have agreed to accept | | \$ | 1,101.00 |
| | Prior to the filing of this statement I have received . | | \$ | |
| | Balance Due | | \$ | 1,101.00 |
| 2. | The source of the compensation paid to me was: | Debtor Other (specify): | | |
| 3. | The source of compensation to be paid to me is: | Debtor Other (specify): | | |
| 4. | I have not agreed to share the above-disclosed c | compensation with any other person unless they are members and associates of m | y law firm. | |
| | I have agreed to share the above-disclosed composether with a list of the names of the people sl | pensation with a person or persons who are not members or associates of my law haring in the compensation, is attached. | w firm. A copy of | of the agreement, |
| 5. | In return for the above-disclosed fee, I have agreed to | o render legal service for all aspects of the bankruptcy case, including: | | |
| | b. Preparation and filing of any petition, schedules | rendering advice to the debtor in determining whether to file a petition in bankru s, statement of affairs and plan which may be required; creditors and confirmation hearing, and any adjourned hearings thereof; redings and other contested bankruptey matters; | ptcy; | |
| 6. | By agreement with the debtor(s), the above disclosed | d fee does not include the following services: | | |
| | | | | |
| | | | | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of an roceeding. | ny agreement or arrangement for payment to me for representation of the debtor(s | s) in this bankru | ptcy |
| | March 13, 2009 | /s/ Wendy J. Christophersen | | |
| | Date | Wendy J. Christophersen Wendy J Christophersen 650 Statler Towers Buffalo, NY 14202-2907 (716) 602-8475 Fax: (716) 855-4610 wendyiclaw@gmail.com | | |